



United States Department of the Interior
BUREAU OF LAND MANAGEMENT
Monticello Field Office



Land Based Operating Plan
For Commercial Outfitters and Competitive Permittees

BLM Permit, # _____
(Agency Use Only)

This operating plan is what BLM uses to decide whether to issue you a permit. Once the permit is issued, this plan along with your compliance with permit stipulations will be evaluated at the end of the year/event.

COMPANY _____ DATE _____

Check all items that apply and fill in the blanks with details. If additional space is needed, attach supplemental pages. If a section does not apply, indicate with N/A.

1. Company Information (Circle one) Individual Partnership Corporation

a. Owner/Partner(s)

Names: _____

b. Phone number: (____) _____ Cell (____) _____

c. Other contact if you are unavailable (emergencies only):

Name: _____ Phone (____) _____

d. Do you use radio communications for operations or emergencies? ☐ Yes ☐ No

e. If yes, what frequencies do you use? _____

f. Year company was established: _____ Years with current owner: _____

g. What services does your company offer that is unique for clients/visitors on public lands?

2. Estimate the amount and season of use expected this year. This can be done by day, week, season, month, or type of activity. (Attach another sheet if needed.)

ACTIVITY	USE DATES		EST. TOTAL # OF CLIENT DAYS	LOCATION
	BEGIN	END		
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____

3. Outfitting and Competitive Events (check all that apply):

- ☐ Guide Service ☐ Deer/Elk ☐ Lion/Bear ☐ Fishing ☐ Other Game
- ☐ Packing Service (camps, game, etc.) ☐ Horseback Trail Rides ☐ Mountain Bike Rides
- ☐ Cross Country Skiing ☐ Snowmobile Tours ☐ 4-W Drive Tours ☐ Horse & Pack Animal Rent/Deliv.
- ☐ Services for People with Disabilities (Describe): _____
- _____
- ☐ Competitive Event (Describe): _____
- _____
- ☐ Other (Describe): _____
- _____

b. Duration: ☐ Day Use ☐ Overnight Use

c. Are you proposing to set up temporary facilities, caches, or staging facilities? ☐ Yes ☐ No
(Please list by Township, Range, Section and subdivision to nearest 40 acre parcel.)

Location	Dates of Use	BLM, USFS, State Or Private Lands?
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

d. Are you proposing to set up base camp or spike drop camps? ☐ Yes ☐ No
If yes, please complete the following and describe facilities that you are providing for each:

Location:	Dates of Use	BLM, USFS, State Or Private Lands?
_____	_____ to _____	_____
Facilities: _____		
Location: _____	_____ to _____	_____
Facilities: _____		
Location: _____	_____ to _____	_____
Facilities: _____		

(Camps and facilities located on BLM public lands are subject to BLM Field Office Manager's approval)

e. Are you requesting authorization to camp more than 14 days at one place? ☐ Yes ☐ No

Location	Dates of Use	BLM, USFS, State Or Private Lands?
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

4. Pack and Riding Animals

Do you provide riding horses? ☐ Yes ☐ No Do you provide pack animals? ☐ Yes ☐ No

Type(s) available: Write in # Horses _____ Mules _____ Other _____

Describe how animals are fed, watered, and controlled when on the public lands (corrals, tethers, etc.):

5. Transportation: List all vehicles used – trucks, buses, vans, trailers, ATVs, snowmobiles, etc.:

Year	Make	Model	Type	Color	License or Registration #	State
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

6. Food/Beverages

a. Do you provide food? ☐ Yes ☐ No

Check if provided: ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Snacks

b. Cooking facilities (Check all that apply): ☐ Stove ☐ Wood Fire ☐ Charcoal Fire ☐ Firepan

c. Do you provide potable water? ☐ Yes ☐ No

If yes, check method: ☐ Bottled Water ☐ Filter ☐ Boiled ☐ Chemicals ☐ Other: _____

7. Sanitation

Toilets (check): ☐ Pit ☐ Portable ☐ Chemical Waste Bag ☐ Other _____

8. Safety and Rescue Information

Check safety and rescue equipment carried on each trip: (check all that apply)

☐ First Aid Kit ☐ First Aid Station ☐ Signaling Device ☐ Fire Extinguisher ☐ Other _____

9. Persons that are authorized to represent your business: (List the name, address and position of al employees, guides, part time, and contracted help): Attach additional sheet if needed.

Name	Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information given by me in this application is true, accurate, and complete to the best of my knowledge. I acknowledge that I (we) am (are) required to comply with requirements and stipulations on Form 2930-1 and any additional stipulations that are required by the authorized officer when the permit is issued. I further understand that the provision of false information, or the failure to keep this Operating Plan or other permit information updated, are grounds for probation, suspension, or revocation of the permit.

Permittee/Applicant

Date